MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Comic (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.... Hospital, Institution or street andress where don't occur

How long in hospital or institution?.

3. (a) FULL NAME

7. Birth date of

r. The legibly.

ion carefully.

information in of death clear

item of i

C. Supply every in

ADING INK.

important.

PLAINLY, v is especially

BINDING

FOR

MARGIN RESERVED

deceased (mo., day, yr.) If less than one day 8. AGE:

16. Usual occupation 11. Industry or business

12. Name 13. Birthplace

14. Maiden na 15. Birthplace 14. Maiden name «

2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewborn infants give residence of mother)

(If rural, give LOCATION)

2.(a) If veteran, name war.....

Means of Injury

Registra

MEDICAL CERTIFICATION

. I CERTIFY that dead occurred on the date above stated; that I attended deceased from

and that I last saw h. I. M. alive on

Immediate cause of death

Major findings of operations.....

PAYSICAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Where did injury occur?

(County) (City or town) (State)

tnjured at work?

Injured at home, farm, Lodostry, public place (where?)

SA



1906

10

DURATION

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Too

CEDTICICATE OF DEATH

CERTITICAL	Reg. Dist. No.
E OF DEATH: Wicomico Salisbury (If outside city or town limits, write RURAL and give nearest town) above place of death? Stitution, or street address where death occurred: Bush St.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
and the second s	

3. (a) FULL NAME Gay lon Adlicing S 3. (b) Social Security Number 212 16

4. Sex White Married Male 6.(b) Name of husband or wife. Maude... Brown Aaksme..... T. Rirth date of

deceased (mo., day, yr.) 8. AGE:

5. Birthplace Wicomico Co. Md (Town, county, and state)

11. Industry or business 12. NameJoseph E. Adkins

13. Birthplace Wicomico, Co. Md

Mary C. Brown 16. Informant Mrs. J. Gaylon Adkins

Address Salisbury. Md (Burial, cremation, or removal. Which?) Cemetery or crematory Parsons Cemetery

Location Salisbury IId

Address Salisbury Md 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

20. DATE OF DEATH June

(Include pregnancy within 3 months of death)

MEDICAL CERTIFICATION

Registrar

Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide acced

Where did injury occur? (County) Injured at home, farm, Industry, public place (where?)

Injured at work?

M. D. or other

My

.....Date signed...

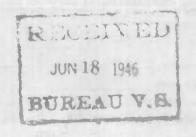
1. PLAC County City or town How long Ir Hospital, It

information care of death clearly

item of i

FOR BINDING

ARGIN RESERVED



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore Blan CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: n Infanta giveresidence of mother) Wicomed (If outside city or town limits, write RURAL and give nearest town City or town... (If outside city or town limits write) How long in above place of death?. Haspital, institution, or street address where death occurred: Street No. (If rural, give LOCATION) information of death cles 2.(a) If veteran, name war. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION FOR BINDING 20 DATE OF DEATH. LCERTIFY that death occurred on the date above stated; that I attended deceased from deceased (mo., day, y:.) 8. AGE: MARGIN RESERVED (Include pregnancy within 3 months of death) impor Major findings of operations PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did injury occur? (City or town) WRITE (County) Injured at home, farm, Industry, public place (where?) ... Means of Injury dured at work?

JUL 6 1946
BUREAU V 8

CERTIFICATE OF DEATH



	Reg. Dist. No.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	(For newborn infants give residence of mother)	
City or town	State County Wicomico City or town (If outside city or town limits, write RURAL and give nearest town) Street No 207	
Now long in hospital or institution?		
	2.(a) If veteran, name war	
3. (a) FULL NAME Ida Mae Redsworth	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION	
Female White Widowed	20. DATE DF DEATH June , 29 , 146 , 213 A	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; the that tended deceased from 19. 10. 10. 2. 2. 19. 10. 2. 2. 19. 19. 10. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	
8. AGE: Years Months Days If less than one day	Immediate cause of death exelval terretikage DURATION	
69 2 7min.	1 day	
9. Birthplace	Due to	
17. (Burial, cremator, or removal, Which?) Cemetery or crematory. Wicomico Memorial Park	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Location Salisbury, Md	Injured at home, farm, industry, public place (where?)	
18. Funeral director. The Hill & Johnson Co. Meens of injury Injured at work?		
Address Salisbury, Md	23. SIGNATURE Cele Trone hum	
19	Address Salishing md. Date signed T/1/46	

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

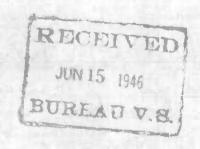


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 99

06351

CERTIFICAT	E OF DEATH Reg. Dist. No. 330
County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Gertha M. Jenne	213-01-1307
8.(b) Name of husband or wife. 5. Color of vace 6.(a) Single, married, without, or divorced B.(b) Name of husband or wife. 6.(c) If alive, give age.	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that attended deceased from 19.46, 10. 19.46
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 29	Immediate cause of death DURATION
9. Birthplace	Due to Omera Car Feetlan
11. industry or business	Due 10
12. Name	Diher conditions
14. Maiden name 6 13. Forces	(Include pregnancy within 3 months of death) Major findings ol operations.
18. Informant Som Bennett Address Mardela Wa	Antopsy results
17. (Burial, cremation, or removal Which?) Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or erematery	Where did injury occur?
Location	Means of Injury Injured at work?
Address Sharptown	D. H. Irana
19. Left 3/46 19 (Daty rec d by registrar) 19. MH Coffee d by registrar	Address 2 3 8 and Date signed 6 11-46



(Date registrar) 19 H. G. Honnie

06352

2411 N. Charles St., Baltimore (2)

M. D. or other

CLINITICAL	Reg. Dist. No.
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Black My James W	3. (b) Social Security Number 579-05-1303
4. Sex 5. Color or race (S)(a) Single, married, widowed, godivorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
8. AGE: Years Months Bland Bland	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from 19
12. Name	Major findings of operations
17. (Burlal, cremation removal, Which?) Cemetery or crematory. Location	Accident, suicide, or homicide
Address Proproble 700	1/ Mr. Mas

VS A15

MARGIN RESERVED FOR BINDING



JUN 10 1946

THE TAPES

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 232 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infints give residence of mothe (If outside city or town limits, write RURAL and give nearest town) a limita. How long in hospital or institution 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH P. I CERTIFY that death occurred on the date above stated; that I altended deceased .6.(c) If allye give age DURATION Immediate cause of death Due to. (include pregnancy within 3 months of death) BHYSICIAN: Please underline the cause to which death should be charged statistically. IOLENCE: If death was due to external causes, fill in the following: (State) (City or town) home, farm, Industry, public place (where?) .. Injured at work? Means of Latury Date signed.

VS

age

information carefully of death clearly and

item of i

Supply every if

ADING INK. Physicians: pl

WITH UNF

PLAINLY, V

SE PLEA

BINDING

RESERVED FOR

1. PLACE OF DEATH

How long in above place of

3. (a) FULL NAME

7. Birth date of deceased (mo., day, yr.)

8. AGE:

JUN 13 1946 BUREAU V 8

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

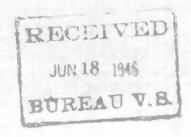
Reg. Dist. No. 3399

06354

1, PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County		
(If ontside city or town limits, write AURAL and give nearest town)	State County Heersee	
How long in above place of death?	City or town (1f outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or pirael address where death accurred:		
MD-FF-3 Welman 1924	Street No	
How long in hospital or Institution?	2.(a) It veteran, name war	
3. (a) FULL NAME		
	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Reseale White Infant.	20. DATE OF DEATH June 13 1946, at 4002	
C (\$) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
8,(b) Name of husband or wife		
7. Birth date of Signature	Jacobs Jacobs Strategic Control	
deceased (mo., day, yr.) here 12-1996		
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION	
	Presiden Sefaset 1 day	
hrsmin,		
9. Birthplace Mear Palishery Med	Dura ta	
(Town, county, and grate)		
10. Usual occupation.		
	Due to.	
11. Industry or business		
12. Name 500 W. Boles	Diher conditions	
12. Name Seo W. Bales 13. Birthplace Barling Rud.		
14. Maiden name Dona Be Jaglor 15. Birthplace / Febrow, Such.	(Include pregnancy within 8 months of death)	
E 15. Birthplace Hebron, recht.	Major findings of operations.	
Tid. Writigrave	Date of op.	
16. informant.	Autopsy results	
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
" Burid June 14-46	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or punical. Which?)	Accident, suicide, or homicide	
Cemetery or fremators when the company of the compa	Where did injury occur?	
Location library 1919.	Injured at home, farm, industry, public place (where?)	
Tollenst + C retter & Ital	Means of Injury Injured all work?	
18. Eurieral director		
Address Salefley My.	28. SIGNATURE Colesso, Frioler Deco	
6/1H /11/ St 20. A.D. ()		
(Date rec'd by registrar)	Miles Herder Comment of 12 4	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and regibly. MARGIN RESERVED FOR BINDING

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-9

CEDTIEICATE OF DEATH

06355

	CERTIFICATE	OF DEATH	Reg. Dist. No.	
County Comi &		USUAL RESIDENCE (HOME) OF (For newborn in familia give residence of mo	DECEASED:	36
City or town (If outside city or town limits, write RURAL	and give nearest town)	ic	74.0-4	
How long in above place of death?	gre City	eet No. (If our invested or town limit).	write RURAL and five near of	town)
		(If rural, give L	OCATION)	
How long in hospital or institution?	2.(0	a) If veteran, name war		
3. (a) FULL NAME		Brannock	3. (b) Social Security Num	ber
4. Set 5. Colar or racio 6.(a) Single. margin	d, widowed, or divorced	MEDICAL CEI	TIFICATION 16 46 at	305
6.(b) Name of husband or wife Earl E.	3 cannot	-CERTIFY that death occurred on the date above		
7. Birth date of S. (c) If ally	e, give age Olac (years and	that I last saw h. E. Calive on		
deceased (mo., day, yr.) 8. AGE: Years Months Days If it	ess than one day	mediate cause of death		DURATION
500 5 11	hrs	la of heir	2	
9. Birthplace. Menomine 7 (Town, county, and state)	1	to		
10. Usual occupation		fo		
11. Industry or business at Home		1		
12. Name Street		er conditions		
	uttis	(Include pregnancy within 3 me	nths of death)	
14. Maiden name annu Sh	Maj	for findings of operations		
El 15. Birthelace	moreto o		Bate of op	***************************************
16. Informan July State Theology Far	Del PH	topsy results	h death should be charged statis	tically.
Dui D	time 219-4 12.	VIOLENCE: If death was due to external cause	s, fill in the following;	
(Burial, cremation, or removal Which?)		ident, suicide, or homicide	Date of	
Cemetery or comatory	Whe	ere did injury occur?	(County) (St	ate)
Location Library 1944		red at home, farm, industry, public place (whe		
18. Funeral director.	cu A. Johnson	anant Injury	tnjured at work?	
Address Salifly Mig	74	SIGNATURE (1)	flas	
19. Date rec'd by Legitray	A & Ahude	ress Malarta	M. D. or ot	11541
(Date / cc d by tegistra)	AOO AOO	1655		

VS A15

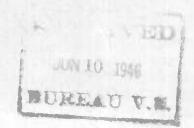
PLEASE

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

JUN 21 1946 FUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 915 06356CERTIFICATE OF DEATH Reg. Dist. No. 333 1. PLACE OF DEATH: legibly. 2. USUAL RESIDENCE (HOME) OF DECKASED: (For newborn infants kive residence of mothe County. tem of information carefully causes of death clearly and (If outside city or to How long in above place of death? How long in hospital or institution? 2.(a) If yeteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION BINDING item of 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Supply even RESERVED FOR 7. Birth date of deceased (mo., day, yr.) DURATION 8. AGE: Moon 10. Usual occupation 11. Industry or busines important. (Include pregnancy within 8 months of death) Major findings ol operatious. PLAINLY, V PHYSICIAN Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide...... Where did injury occur? WRITE (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) oms of Injury Injured al work? EASE VS M. D. or other, Date signed 6



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE

VS A15

RESERVED FOR BINDING

MARGIN

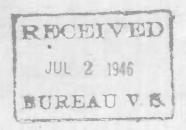
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3.33...

1. PLACE OF DEATH: My comico	2. USUAL RESIDENCE (HOME) OF DECLASED:
County	State Ma. P. A. COUNTY M. CONNES
(If ontside city or town limits, write RURAL and give nearest town)	1 shitim
How long in above place of death?	(If outside city of town limits, write ELL AL and give neares lewn)
Hospital Historion, or street address where death occurred	Street No. (If rural, give LOCATION)
77-27-74	2.(a) If veteran, name war
How long in hospital or institution?	III.
3. (a) FULL NAME James Matthew	- Brewington 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Dirries	20, DATE OF DEATH. 6 7 3 19 4 6 21 4.5° M
	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
6.(b) Name of husband or wife	4/16 1944 10 9/23 1944
7. Birth date of CYF. Selection (CYF) Selectio	and that I last saw he salle on O/25 1946
deceased (mo., day, yr.) 8 A.C.F. Years Months Days If less than one day	Immediate cause of death
o. Add.	for the second second
7/10 / 13min.	Vallenay Jakeakes Kely
9. Birthplace(Town, county and state)	Due to
1D. Usual occupation.	
	Due to
11. Industry or byshess	
12. Name	Dther conditions
13. Birthpface	(Incinde pregnancy within 8 months of death)
14. Maiden name/Better Markhung 15. Birthplace Silvan md	Major findings of operations.
× 15. 8irthplace Selsan Ma	Date of op.
16. Informan M. Wilfart Ji Benny Con	Antopsy results
Address 515. Franklin of. Salish	THO
17 Burial a Date thereof June 25-/3	2. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removed. Which?)	
Cemetery or crematory	Where did injury occur?
Location Mary and.	Injured at home, farm, Industry, public place (where?)
18. Fullyson & Wallet R. Hollo	Injured at work?
delle mant and	1 1/h. 11.
Address Carrety 11 000	23. SIGNATURE M. D. or other
19. 6 / 25 / 19 d/6 & ABS 9. ee / 2 / 19	month of months
(Date pec'd by registrar	Address

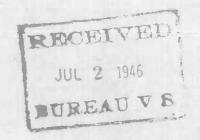


Dr. Wanner MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: • (For newborn infant, give residence of mother) (If outside city or town limits, write RURAL and give nearest town How long in above place of death?.... Ilf outside city or town limits, write RULAL and give nearest town) Hospital institution or sireet address where death occurred clearly Street No. information of death cle How long in hospital or institution? 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION item of i BINDING SCENEURY that death occurred on the date above stated; that I attended deceased from FOR 7. Birth date of deceased (mo., day, yr.) 8. AGE: MARGIN RESERVED (Town, county, and state) 1D. Usual occupation. 11. Industry or busi (Include pregnancy within 3 months of death) 14. Malden name Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22, VIOLENCE: If death was due to external causes, fill in the following: cident, suicide, or homicide..... (Burial, cremation, or removal Whice Where did Injury occur? (City or town) (County) injured at home, farm, industry, public place (where?) Means of injury injured at work? ASE

REAU V S

MARYLAND STATE DEPARTMENT OF HEALTH 063592411 N. Charles St., Baltimore Reg. Diat. No. 3332 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) County Wicamics ion carefully (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) information of death cle 2.(a) If veteran, name war..... How long in hospital or Institution?... 3. (b) Social Security Number 3. (a) FULL NAME none. 6.(4) Single, married, widowed, or divorced MEDICAL CERTIFICATION 19 4 6 at 6:45 AM R.(b) Name of husband or wife..... 7. Birth date of deceased (mo., day, yr.) DURATION If less than one day 8. AGE: (Town, county, and state) 11. Industry or business (Include pregnancy within 3 months of death) Major findings of operations..... 16. Informant... PHYSICIAN: Please underline the caose to which death should he charged statistically. ford Delaware RIT 22. VIOLENCE: If death was due to external causes, flil in the following: Accident, suicide, or homicide..... (month) (day) (year) Whera did Injury occur? Cemetery (County) (City or town) injured at home, farm, industry, public place (where?) Injured at work? Maans of Injury Maryland

(Date pec'd by registy



correct age

MARGIN RESERVED FOR BINDING

PLEASE

VS A15

CEDTIFICATE OF DEATH

CLRTITICA	Reg. Dist. No.	Af
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mayland County Use County (If outside city or town limits, write RURAL and give nearest street No. (If rural, give LOCATION) 2.(a) if veteran, name war.	
3. (a) FULL NAME Ida Cartier	3. (b) Social Security Nu	ımber
Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female aa Single	2D. DATE DF DEATH 6-3-46 19	7.30 P
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decease	d from 19
7. Birth date of A 2 A years	and that I last saw halive on	
deceased (mo., day, yr.) Uer. 20, 1878	Immediate cause of desth	DURATION
. AGE: Years Months Days If less than one day	arterwelenie	
6 /hrsmln.		
. 8 irthplace Chiladelphia Ga (Town, county, and state)	Due to Sendity.	***************************************
n		
	Due to	
1. Industry or business Same as above		
12. Name: Nathaniel Cartier	Other conditions	
13. Birthplace accornac Virginia		
athie Cartier	(Include pregnancy within 3 months of death)	
14. maiden name	Major findings of operations.	
15. Birthplace Philadelphia, Ja.	Date of op	
5. Informant Emlen Elgey	Autopsy respits.	**************
m + 0 /00 0 1	PHYSICIAN: Please underline the cause to which death should be charged ats	
Address / Canherke, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Borial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
2 /		
Cemetery or crematory Goden	Where did injury occur?	State)
Localion Philadelphia Ga	Injured at home, farm, industry, public place (where?)	
1 -1 0 -1	Meens of injury tnjured at work?	
18. Funeral director		
Address 402 E. Church St. Salisbury Md.	25 SIGNATURE Rober Store In	1
9 June 4 1946 K. Woolford Walte	23. SIGNATURE M. D. or Address Naturally M. D. or Date signed 6-	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

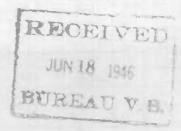
Reg. Diat. No. 3.3.3.

	Keg. Milico 1700 remails a remail a remails a
1. PLACE OF DEATH: 2	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Cily or town (If outside city or town limits, write RURAL end give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war. 3. (b) Social Security Number
Mille Michels Cash	ell V
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. MARKET 9. 19 46, 21 4.30
8.(b) Name of husband or wife Afficial Call Call Call Call Call Call Call C	21. I CERTIFY that death occurred on the date above stated; than attended deceased from
7. Birth date of deceased (mo., day, yr.) May 10, 1895.	and that Hast saw h
8. AGE: Years Months Odys It less than one day 5 0 3 hrsmin	Immediate cause of death
9. Birthplace Minth (Town, county, and state) 10. Usual occupation At ne	Oue to arterisaleures ?
11. Industry or business	Due to
12. Name Classy Williams Company Compa	Other conditions
14. Maiden name Styling Simms 15. Birthplace Dictrics Co. Md.	(Include pregnancy within 3 months of death) Major findings of operations.
18. Interment Again Selection Co.	Autopsy results
Address My MA AS V	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Bale thereot 6/1/46 (Burial, cremation, or removal, Wblch?) (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Date of
Cemetery or crematory aller restrict	Where did injury occur?
Location Will x About 1	Injured at home, farm, Industry, public place (where?)
Address Address	00411
	23 SIBNATURE John T. Leanen M. D

VS A15

19. (Date ret'd by registrar)

MARGIN RESERVED FOR BINDING



06362

2411 N. Charles St., Baltimore 6/)

CERTIFICATE OF DEATH

1. PLACE OF DEATHS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County f. M. Comeco	··· May / ·· · · · · · · · · · · · · · · · · ·
(If outside city or town ignits, write RURAL and give nearest town)	State State County of Coun
How loog th above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
J. S. Nosfuell	(If raral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jan O. Seletton	Mone
4. Sex 5. Color or race 6.(a) Single, married, widdwed, or divorced	MEDICAL CERTIFICATION
Himale Whites Married	20. DATE OF DEATH ALMS 21 19 4421 2 42
Leo. Colitte	
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that haltended deceased from
7. Birth date of 6.(c) If alive, give age 9.	ars are
deceased (mo., day, yr.)	
8. AGE: Years Months Days If less than one day	Name of the Sugar State
60. 7 11hrs	nin. I don't have a little of the little of
Stockton wouth mo	
9. Birthplace (Cown, county, and, etate)	X) 0-4. 5.00 1.
10. Usual occupation Housewife	a second
11. Industry or business , I Ann Hame	Due to
# 12. Name Hany J. Mensett	Other conditions
E 13. Birtholace Manuland	
a All All man lill	(Include pregnancy within 3 months of death)
H 14. Maiden name Standard Sta	Major findings of operations
15. Birthplace Maryland	Date of op.
16. Informant // Jo. Alland Land Land	Antopsy results
Address Starbton ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(1911:10)	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Juriai, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Thusbyllusons	Where did injury occur?
Start, mil	Injured at home, farm, Industry, public place (where?)
Location Control of the Control of t	Means of injury Injured at work?
16. Funeral director Additional Discourses of the State o	
Address Snow Alle Mol	Hand Che Will
6/93 93 mell Anga The Oak	23. STORATURE
19	rar Address Date signed 124/44

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly PLEASE WRITE VS A15

ARGIN RESERVED FOR BINDING

RECEIVED

JUN 26 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore Will CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) How long in above piace of death?..... Hospital, Institution, or street address where feath occurred: information care (If rural, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION BINDING 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18HH 10 dune 23 19 H6 deceased (mo., day, yr.) DURATION Immediate capse of death. If iess than one day 8. AGE: Physicians: pl 10. Usuai occupation..... 144 Dertems1 11. Industry or business (include pregnancy within 3 months of death) 14. Malden name Major findings of operations..... PLAINLY, vis especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: (month) (day) (year) Date thereof Accident, suicide, or hamicide..... Where did Injury occur? PLEASE WRITE (City or town) (State) Injured at home, farm, Industry, public place (where?) Injured al work? Means of Injury 18. Funeral director Address

JUL 6 1946
BUREAU V. 8



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 1640 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) DIngeons How long in above place of death?..... Hospital, Institution, or street address where thath occurred: (If rural, give LOCATION) information of death cles How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION BINDING 20. DATE OF DEATH ... 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 7. Birth date of deceased (mo., day, yr.) If less than one day 8. AGE: RESERVED 1D. Usual occupation..... MARGIN 11. Industry or business 12. Name..... 13. Birthplace (Include pregnancy within 3 months of death) Major findings of operations PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external gauses, fill in the following; Accident, suicide, or homicide. PL Where did injury occur? Teer Dales Injured at home, farm, Industry, public place (where?) (Date rec'd by registrar)

DURATION

RECEIVED
JUN 13 1946
RUREAU TS

MARGIN RESERVED FOR BINDING

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore &

CERTIFICATE OF DEATH

06366

	Reg. Diat. No.
1. PLACE OF DEATH: Mining	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
	State County Alebrace
City or town	(heating)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
Masser RO	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Storiel allen field	
4. Sex 5. Color or rape 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
The state served	20. DATE OF DEATH JUNES VS 19 44 et /Vsm
V Navally 10 his 21:00	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age years	19 to
7. Birth date of deceased (mo., day, yr.)	and that I last saw h Alash afte on
8. AGE: Years Months Days It less than one day	Immediate cause of death
100 2 40	Cellul Sm
48 3 20 min.	
9. Birthplace William Servery 1-1.	Due to Celebral (Cropning 4 m
(Town county, and state)	
10. Usual occupation.	Due to Essential Supertersion ?
1t. Industry or business	
12. Name Almed . Helda	Dther conditions
13. Birthplace haix (Budling)	
M (2,000) 01 (101)	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operatious
N 15. Birthplace Sally (Market)	Oate ol op.
16. Informant Ma. A. Man Fills	Autopsy results.
Address Man Divine M.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address (W) (M) (A)	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
1 Wil and	Where did Injury occur?
Cemetery or crematory	(City or town) (County) (State)
Location	Injured at home, farm, Industry, public place (where?)
16. Funeral director All Hell X Harbay 0-	Means of Injury Injured at work?
fill of the	Palas 19 120
Address Fauchury, 1	23, SIGNATURE
19 miles 25 18 46 K Mashford Valter	M. D. or other
(Date rec'd hy registrar) Registrar	Address Date signed 6-2) 4 L

JUL 6 1946
BUREAU V 8

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 1950 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (Noutside city or town limits write RURAL and give nearest town) City or iown. (If Jutside city or town limits, write RURAL and give nearest town) How long in above place of death?.. Hospital, Institution, or street address where death cacurred: (If rural, give LOCATION) information of death clear 2.(a) If veleran, name war..... How long in hospital or institution? 3. (b) Social Security Number 3. (a) FULL NAME 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 4. Sex FOR BINDING ma 20. DATE OF DEATH 6.(b) Name of husband or wife..... 6, (c) If allve, give age and that I last saw halive on 7. Birth date of deceased (mo., day, yr.) DURATION Months Il less than one day 8. AGE: MARGIN RESERVED ADING INK. Physicians: pl 1D. Usual occupation... 11. Industry or business 12. Name..... important. 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden name. Major findings of operations. \$ 15. Birthplace especially 16. Informant ... PLAINLY, PHYSICIAN: Please underline the cause to which death should be charged statistically. Address (month) (day) (year) Accident, sulcide, or homicide Where did injury occur? (State) (City or town) Cemetery or crematory

injured at home, farm, industry, public place (where?)

Meens of injury

Registrar | Address.

injured al work?

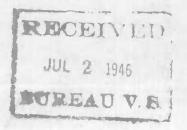
Date signed Augus

VS A15 9.45.

Location

Address

18. Funeral director



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

19. (Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

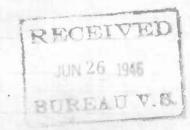
2411 N. Charles St., Baltimore

06368

.Date signed of 20, 46

CERTIFICAT	E OF DEATH Rog. Dist. No. 333
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Wilsonie	
City or lown	State County State Total
How long to above place of death?	(If outside city or town limits, write turk Lu and give nearest town)
Hospital institution, or street address where death occurred:	Sireet No. Walnut st
Demusula Surval Hospital Dolos	(If rural, give LOCATION)
How long in hospital or institution? 2.7. A	(A.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Dr. Rabert Lee Hall	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white manied	20. DATE OF DEATH. 1946 21 3 06 P. A.
6.(b) Name of husband or wife Durany 6. / Lall	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	2000 2 10 10 June 20 th 1946
7. Dirth date of	and that I last saw hour alive on June \$6 the 1946.
geceased (mo., day, yr.)	Immediate cause of death
a. Add;	Dalar Viennoma 3 day
68 11 29hrs. min.	
9. Birthplace Trans. States Socionisto he	Sue to
10. Usual occupation 6 Degacine	Due to
11. Industry or business	O - W - this 4 weeks
12. Name	Other conditions. Ocate December 4 societies 4 societies
	(Include prognancy within 3 months of death)
14. Molden name Many 6. Coulbourne	
14. Molden name. Wary & Coulbarre	Major findings of operations.
m = 6 1.4-00	Autopsy results Ocutte Burnatilia
16. Informant	PHYSICIAN: Please underline the cause to which death shoold he charged statistically.
Address Porostrake Certy rad.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial cremation or removal Which?) (Burial cremation or removal Which?) (Burial cremation or removal Which?)	Accident, suicide, or homicide
(Burial, cremation, or removal, which)	
Cemetery or crematory	Where did injury occur?
Location Columburgle mid.	Injured at home, farm, industry, public place (where?)
18. Funeral director Description H. Watson	Means of Injury Injured at work?
	en (Fin)
Address Peropushe lesty min	23. SIGNATURE COLORS M. D. or other
19. June 21 19 46 Harrie 6 1 Johns	Salesherry Seeds Bala cimad 6/20, 46

Registrar Address.



(State)

Date signed.

JUL 2 19 6

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore HE

CERTIFICATE OF DEATH

2411 N. Char	rles St., Baltimore 462
CERTIFICA	TE OF DEATH Reg, Dist. No. 333
in Place OF DEATH: . Soundy	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County City or town Salad County Use outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street adjress where death occurred:	Streel No. 1404 Russell al. (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Olevia Catherine &	Tastings 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Temple Willows Wildows	MEDICAL CERTIFICATION 20. DATE OF DEATH 19.4.2. 21. 2.0
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from 20. 18. 46., to flexe
7. Birth date of deceased (mo., day, yr.) Chill 23 - /866 8. AGE: Years Morths Days If less than one day	and that I last saw h
80/1/9hrsmin.	there Come 48h
9. Birthplace (Town, county, and state)	Due to. Chronic de la chronic
10. Usual occupation	Due fo
13. Birthplace Hieroniche County, In.	Other conditions (Ioclude pregnancy within 3 months of death)
14. Malden name anno Hearth In. 15. Birthplace Micomic Courty In.	Major findings of operations. Date of op.
16. Informant Das Bessie Burfett	Actopsy results
17. Burial, cremation, or approach. Which?) Date thereof G 13/-41 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery on crematory At Ohil Gether	Where did injury occur?
18. Funeral director. A: 8- Japanel Co	Mesns of Injury Injured at work?
19. 6 12 19 dy 6: Marriet & John	23 SIGHATURE Jakakewsker 1868 M. D. or other Address Jalusbury, M.J. Date signed D. 1/3

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUNIS 1946
BUREAU V.B.

FOR BINDING

ARGIN RESERVED

PLAINLY, WITH UNF is especially important.

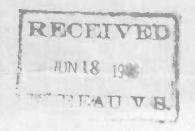
PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /220/

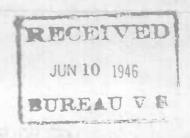
CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Willowich	State 22d: County Wesonico
City or town	2 11 + 11 - 12 200 A
How long In above place of death? 4 all acrys	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
P. S. Haspetal Salishing, md	- (If rural, give LOCATION)
How long in hospital or institution? A acy	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John V. Bughes	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male lol. widower	20. DATE DF DEATH June 10 19.46 at 8:37/2.
6.(b) Name of husband or wife Alexander Policy links	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	June 7 1944 to June 10 1946
7. Birth date of	and that I last saw h. I.M. alive on 19.46
deceased (mo., day, yr.) 100), 20 — 1711 8. AGE: Years Months Days It less than one day	Immediate cause of death
O. A.G.	seent & continuo fulme 6 hr.
D D 7/ 74 24	
9. Birihpiace (Town, county, and state)	Due to Military
10. Usual occupation. Farmer	Duedo Voluntus and Lateral 2 days
11. Industry or business Farming	hania love elaum:
12. Name Isaac Hubbes 13. Birtholace Whete Haven, md.	Diher condilions
\$ 13. Birthplace Whete Baven, md.	
14. Malden name klout buow	(Include pregnancy within 3 months of death)
15. Birthplace	
16. Informant alice 7 oster	Autopsy results. None.
the DIO	PHYSICIAN: Please underline the cause to which death shunld be charged statistically.
Address 2 10 W. 147 St. Phela, Ja.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Passars Clinica	Where did injury occur?
Location near messels store	Injured at home, tarm, industry, public place (where?)
Location	Meens of Injury Injury Injury Injured at work?
18. Funeral director	
Address Beicelve, md.	Boom & D
19 6/13, 19 Hb. Harrie 2, John	M. D. or over
(Date reyd by registrar)	Address 50 4 N. Durum At Date signed wine 27



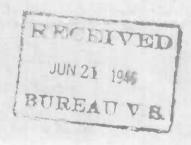
MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 740 CERTIFICATE OF DEATH Reg. Diat. No. 3.33 2. USUAL RESIDENCE (HOME) OF DECHASED: 1. PLACE OF DEATH: County .. (If outside city or town limits, write RURAL and give nearest town) on carefully. ita, write RAL and give newest town) How long is above place of death?.. Hospital, writerin, or street address where do in occurred: information of death clea 2.(a) If veteran, name war...... How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced 5. Color or face MEDICAL CERTIFICATION every item of i RESERVED FOR BINDING 20. DATE OF CEATH ADING INK. Supply eve Physicians: please write 7. Birth date of deceased (mo., day, yr.) If less than one day 8. AGE: 9. Birthplace . (Include pregnancy within 8 months of desth) Major findings of operations. PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide, Which?) Where did injury occur? (County) (State) (City or town) Injured at home, farm, industry, public place (where?) ... tnjured at work? Means of Injury A15

Registrar Address.....



2411 N. Charles St., Baltimore /4)

	CERTIFICATE OF D		t. Nonumber
1. PLACE OF DEATH; County	State	(If outside city or town limits, write RURAL at	nd give nearest town)
3. (a) FULL NAME Serves, mess	Elizabeth ann.	3. (b) Social	Security Number
Female white Sing B.(b) Name of husband or wife	21. I CERTIFY the	MEDICAL CERTIFICAT ATH	19.4.6. at / 28 Itended deceased from Source 19.41 2. 19.44
	If less than one day Ars. min. Due to.	bencelous meininget	tia 25 da
11. Industry or bushass 12. Name 13. Birthplace 14. Malden name 15. Birthplace	THE COURT OF THE PARTY OF THE P	(Include pregnancy within 3 months of death)	
16. Intormanium . Beatier Address 217. Carradian a	Antopsy results. PHYS TAN: P		be charged statistically.
Cemetery or pematory Location	Accident, suicide Where did injury	le, or homicide	ate ofty) (State)
18. Echeral directors. Address Jaluan Mad	fler P Holle Meaning Injury	airkus,	M. D. or other



2411 N. Charles St., Baltimore &

CERTIFICATE OF DEATH

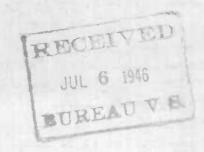
(16374 Reg. Dist. No. 3.55

.. Date signed

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Wicamico	
City or town	State County icomico
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
Ocean City Road	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Wischath Jannie Long	
4. Sex 5. Color or race 6.(a) Single, married, widowed, of divorced	MEDICAL CERTIFICATION
The same and the s	
Female White Widowed	20, DATE DF DEATHJune 29 19.46 21 IOA
B.(b) Name of husband or wifeJohn H. Long	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
7. Birth date of	June 31945 to June 27 19
7. Birth date of	and that I lost saw hole alive on free the total
deceased (mo., day, yr.) Dec. 25, 1855 8 AGF: Years Months Days If less than one day	Immediate cause of death DURATION
o. Aou.	Cerebal Parembosis
90 6 4min.	
9. BirthplaceDenton, Caroline, Co. Md. (Town, county, and state)	Due to
1D. Usual occupation. At home	Que to
11. Industry or business	oue to.
Henry Hennie	Other conditions
≥ 13. Birthplace Maryland	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations
E 15. Birthplace	major madags or operations. Date of on
16. Informant Mr. Ernest B. Long	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addres 627 Montpelr St. Balto. Md	
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Bu.r.j.c.l Date thereof J. 4.6 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory. Parson Cemetery	Where did injury occur?
tocation Salisbury, Md	Injured at home, farm, Industry, public place (where?)
18. Funeral directorThe Hill & Johnson Co.	Means of Injury Injured at work?
Address Salisbury, Md	18. SIGNATURE Filliam D. Gray, his
	A. SIGHATURE TO CHIAM W. Slay, high
4/1 1/ 400' PADO	M. D. or other

eNFADING INK. Supply every item of information carefully. The correct age tant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH ONF is especially important.

(Date ec'd hy registrar)



2411 N. Charles St., Baltimore 923)

06375

	-	0	1/2
g.	Diat.	No.	

1			CERTIFIC	CATE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County Wicomico City or town. Delmar (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 24 years Hospital, institution, or street address where death occurred: RFD. # 1 How long in hospital or institution? 3. (a) FULL NAME			RURAL and give nearest town)	Street No. RFD # L
4. Sex	George V	Villiam	oliphant le, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White		Single	20. DATE OF DEATH Sure 2 19 46 21 11 4
6.(b) Name of husban 7. Birth data of deceased (mo., day	.yr.) Augu	st 29,	(c) It alive, give age	.years 21.1 CERTIFY that death occurred on the date above stated: that t attended deceased from 19
8. AGE: Yea	Months	Days	It less than one day	cerebral arkery aday
13. Birthplace	Farm Thomas O Sussex Prisc Susse Mrs Nor	Farm liphan County illa H y Coun man Ha	t , Del. estinæs ty, Del. stinæs	Other conditions
Cemetery or Crem	on, or removal. When the olive	ch?) Date the	6-5-46 (month) (day) (year	22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

PLEASE

JUN 6 1946 BUREAU V S. 2411 N. Charles St., Baltimore (3)

06376

CERTIFICATE OF DEATH

Reg. Diat. No. 3 33

	Reg. Diat. No.
1. PLACE OF DEATH: There is	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanty give residence of mother)
1001	State County Russies
(If outside city or town limits, write RURAL and give nearest town)	Passa Aus
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution or street address where death/occurred:	Street No.
Tushang	(If rurai, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Conna Catelle Pa	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH. TO 19 40 A. 19 40 A.
8.(6) Hame of husband or wife. C. Clarks Fassers	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(c) If allve, give age 64 years	
7. Birth date of deceased (mo., day, yr.)	and that I last saw b. M. alive on John L. L. L. 1946
8. AGE: Years Months Days If less than one day	Immediate caose of death DURATION
66 8 19nrsmin.	Allered Himmolockey
9. Birthplace Australia, Muthield, Md. (Town, coulder, and state)	Due to
1D. Usual occupation.	
11, Industry or business	Due to
E 12. Name As July N. Fleddings	Dither conditions
13. Birthplace Allomes S.	
14. Malden name Agrilly 9. 19 Milly 1. 15. Birthplace Miconico 6. 22 d.	(Include pregnancy within 8 months of deeth) Major findings of operations.
E 15. Birthplace Misones O. 124.	Date of on.
16. Informant C: Close Farsons.	Autopsy results.
Address Paisnsluis Pal.	PHYSICIAN: Please underline the caose to which death should be charged statistically.
17 Burial Date thereof 9/73/46.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location + usershulg hd.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Re Will x Arens 6.	Means of injury Injured at work?
Address Salishung, M.C.	Head & Assense m. w.
19. (Dato roc'd by registrar) 19 A 6 1 6 a 8 9 1 1 Degistrar	Address Date signed A -4

VS A15

PLEASE

age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

JUN 26 1946
BUREAU V.S.

important.

EASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Di	at. No. 333
E) OF DECEASED:	
County Me	comico
lando.	md.
fimite, write RURAL	and give nearest town)
, give LOCATION)	***************************************

3. (b) Social Security Number

_		-		
3	(0)	FRIIM.	NAME	
•	(00)	A C MIN	# 44 PAIR 00	_

How long in above place of death?.....

Hospital, Institution, or street address where death grourred:

1. PLACE OF DEATH:

ontside city or town limits, write RURAL and give nearest town)

B,(b) Name of husband or wife ... 7. Birth date of deceased (mo., day, yr.)

8. AGE:

tD. Usual occupation.

11. Industry or business

13. Birthplag 14. Maiden name.

15. Birthptace t6. Intermant ...

Bate thereot.....(month)

(If outside city or town

2. USUAL RESIDENCE (HOM

MEDICAL CERTIFICATION

20. DATE OF DEATH.

(Include pregnancy within 8 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Major findings of operations.....

22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide.....

Where did injury occur?(City or town)

Injured at home, farm, industry, public place (where?) lolured at work? Means of Injury

Date signed Annu

JUN 18 1946
BURFAU S

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1600

CERTIFICATE OF DEATH

116378 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)
County.	
City or town	StateCounty
How long in above place of death? 4 10445	(If outside city or town limits, write RURAL and give nearest town)
Hospital, ipstitytion, or street address where death occurred:	
Series Jeres & Sorpetal	(If rural, give LOCATION)
How long in hospital or institution? 4 Lams	2.(a) If veteran, name war.
3. (a) FULL NAME	
Alodes Plant son Do	aller Asak 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Ithit Single	20. DATE OF DEATH AME 70, 19 16. 21 4.30 MM
	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
6.(b) Name of husband or wife	JUNE 20 1946 10 JUNE 2019 46
I. Birth date of	and that t last saw h. Jallye on JUNE 20 19 46
deceased (mo., day, yr.) Juse 70 1946	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
thrs, min.	FREMALURITY
Selil in Minima Della	
9. Birthplace (Town, sounty, and state)	Due to.
1/100)	TDX4P116 D LACENIQ
1D. Usual occupation.	Due to
11. industry or business	
12. Name All States And Carling	Other conditions
13. Birthplace Mill Carryan	
# 14. Maiden name Claise June	(Include pregnancy within 3 months of death)
	Major findings of operations.
2 15. Birthplace Mars Cherling	Date of op.
16. Informant	Aotopsy results. Me ME
Address P. D. Bort of Faliabury md.	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remove) (Which?)	Accident, suicide, or homicide
Cemetery or crematory. A ANDERS	Where did injury occur?
Control of Crematory	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Al All X Alaska 6.	Means of Injury Mark?
1-0.01/m	16
Address Stallskurg, 17	23. SIGNATURE Therestauson IN-D.
19. Date rec'd by registrar	M. D. or other
(Date rec'd by registrar)	Address Date signed 42 4 46.

REGICIVLE JUN 26 1946 BUREAU V.S.

M. D. or other

.Date signed 6-21

MARYLAND STATE DEPARTMENT OF HEALTH

correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS A15

19. (Date rec'd by registration

2411 N. Charles St., Baltimore 244

CERTIFICATE OF DEATH

	Reg. Diat. No.
1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
3. (a) FULL NAME Lillian S. Riall	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 19 46, 21 1/15A
5.(b) Name of husband or wife 5.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 6.2 AGE: min. 9. Birthplace (Town, coupty, and state)	21 I CERTIFY that death occurred on the date above stated; that I ettended deceased from 1946 to the 1944 and that I last saw h. It aliye on the last saw h. It alive the last saw h. It alies the last saw h. It alies the last saw h. It alies saw
11. Industry or business 12. Name Many Milany Rially 13. Birthplace Milania 9. M.	Other conditions
14. Malden name Elfa Angles 15. Birthplace Meoneis G. B.S. 16. Informant Miss C. Muline Health.	(Include pregnancy within 8 months of death) Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. Date thereot (month) (day) (year) Cemetery or crematory (May) (year) Location	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
18. Funeral director Address	Meens of Injury Injured at work?

Registrar

JUN 26 1946
BUREAU V.B.

PLEASE

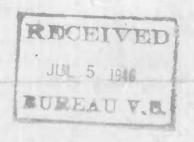
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06380

CERTIFICA	TE OF DEATH Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slaid Cliy or town Cliff outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME O	
4. Sexy 5. Color or race 8.(a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
Semale a.a., married	20. DATE OF DEATH 2000 2 / 19 46 at 900
6.(b) Name of husband or wife flateles Pieles Bien 1984 1984 1984 1984 1984 1984 1984 1984	21. I CERTIFY that death occurred on the date above stated; that I alfended deceased from
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
9. Birthplace Mulfa (Town, county, and state)	Oue to Total and the land
	Sue fo
11. Industry or business Same as about 12. Name A larry of action 13. Birthplace Millery va.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Almanaum 15. Birthplace Ginfanaum	Major findings of operations
15. Biriholace Grandinaum	- Oate of op.
16. Informani	Autopsy results
Address Quedullo Ind	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burini, eremation, or removal, Which?) Oate thereof (month) (day) year)	Accident, sulcide, or homicide
Cemetery or crematory a santile	Where did injury occur?
Location Quantito md	Injured at home, farm, industry, public place (where?)
18. Funeral director James Stylest	Means of Injury Injured af work?
Address & Salisbury and	23. SIGNATURE A Turnell, M.D.
19 June 2 1940 pmo mollal	Address 80010 Man Date signed 5-27-4



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 338 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) How long in above place of death?..... -III outside sity or town limits, write RURAL and give nearest town Hospital, institution, or street address where death occurred: death clearly (If rural, give LOCATION) information of death clea How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION BINDING 2D. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased fro FOR 7. Birth date of deceased (mo., day, yr.) Years Months Days if less than one day 8. AGE: MARGIN RESERVED (Town, connty, and state) 10. Usual occupation. 11. Industry or business important. 13. Birthplace (Include pregnancy within 8 months of death) Major findings of operations...... PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: it death was due to external causes, till in the tollowing: Accident, suicide, or homicide..... (month) (day) (year) (Burial, cremation, or removal, Which?) Where dld injury occur? WRITE (City or town) Cemetery or cremators Injured et home, tarm, Industry, public place (where?) Means of injury injured at work? PLEASE Address M. D. or other (Date rec'd by registrar) Address....

JUN 26 1946
BUREAU V.B.

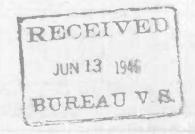
Registrar

Address

('ate rec'd by registrar)

JUL 6 1945 RECEIVED

Dr. Insley MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Rev. Dist. No. 933 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (If outside city or town limits, write KURAL and give nearest town (if outside city or town limits, write Rhil II, and give hearest town) How long in above place of death?..... Hospital, Institut, or street address where death occurred How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION BINDING CHOSTIFY that death occurred on the date above stated; that I aylerded deceased from FOR allye on 7. Birth date of deceased (mo., day, yr.) DURATION Immediate cause of death. If less than one day 8. AGE: MARGIN RESERVED 10. Usual occupation 11. Industry or business (Include pregnancy within 3 months of death) Major findings of operations .. PHASICIAN: Please underline the cause to which death should be charged statistically. VIOLENCE: If death was due to external causes, fill in the following: Reddent, suicide, or homicide..... Where did injury occur? (City or town) Injured at home, farm, Industry, public place (where?) Inlared at work? Means of Injury



The correct age

MARGIN RESERVED FOR BINDING

VS A15

CERTIFICATE OF DEATH

Reg. Dist. No. 64 330

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Wiscornico	State Wangland County Urcomice
City or town Mardela Springs Kural (If outside city or town limits, write RURAL and give nearest town)	
(If outside city or town limits, write RURAL and give nearest town)	City or town Mandela Saninga Rural (If outside city or town limits, write RURAL and give nessest town)
How long in above place of death?	
Hospital, Institution, or street address where death occurred:	Street No. San Donigo
Lan Doningo	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Von V. Smiley	Rone
4. Sex 5. Color or raca 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Colond Single	1 Cor A
made colored engle	20. DATE OF DEATH
6.(b) Name of husband or wifa	21. I DERTIFY that death occurred on the date above alated; that tattended deceased from
7. Birth date of 25 1915	and that I last saw h Ana alive on 22001 4 19 46
deceased (mo., day, yr.) May 25, 1945	DURATION
8. AGE: Years Montha Days If less than one day	Table Court Court of
1 0 19 hramin	
9. Birthplace Wiconico Courte, haryland (Town, county/ and state)	Due to
(20,11, 00211),	
10. Usual occupation Sufant	Due to
t1. Industry or business	
12. Name Frank M. Smiley	Brt
	Diher conditions
13. Birlhplace Wicomico County, Maryland	(Include pregnancy within 3 months of death)
14. Malden name Blone Howington	Major findings of operations.
15. Birthplace Sussex Country Delaware	Major hadage of opening
16. Informant Murs Frank M. Smiley	Autopsy results.
Address Mardela Springs Maryland R.T.D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory San Armingo Comitary	
20	
Location Mean Sharptown Maryland	Injured at home, farm, industry, public place (where?)
1-1-7-1+	to be a second of the second o
1B. Funeral director.	"
Address Ederalsburg Maryland	23. SIGNATURE J. J. 5- Huhlman
19. Lune 16 1946 J. J. Fream ptom. (Date rec'd by registrar)	Address & Larplewn WB Date signed 6/16/x
(Date rec'd by registrar)	Address.



Dr. Warn

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

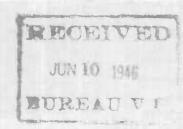
19. (Data rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 933

06385

CERTIFICATE OF DEATH Reg. Diat. No.	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DE DEATH JUNE 19/6 21 7:149 M
6.(b) Name of husband or wife Markelander Space 4. S. years 7. Birth date of deceased (mo., day, yr.) See 15 1897 8. AGE: Years Months Days It iess than one day hrs. min.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. to 19. and that I last saw h
9. Birthplace	Due to
11. Industry or business 12. Name	Dther conditions
14. Maiden name Levelyn Morgan. 15. Birthplace & Delgware	(Include pregnancy within 3 months of death) Major findings ol operations
Address Louis Sel	Antopsy results
(Buriai, cremation, or removai. Which?) Cemetery or crematory. Date thereof (month) (day) (year)	Accident, suicide, or homicide
Location Tackle Distriction 18. Funeral director Thomas of Manager States and Manager Sta	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
19. 6 Do 19. 46 Bassel Jan Registrar	23. SIGHATURE M. D. or other M. D. or other Address Date signed 4.4.46



De year MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 30-92 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (I-IOME) OF DECEASED: of death clearly and legibly. (For newborn infants give residence of mother) County SMIPO meto If outside city or town limits, write RURAL and give nearest town) liow long in above place of death?..... Hospilal, institution, or street address where death occurred: (If rural, give LOCATION) information 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION causes MARGIN RESERVED FOR BINDING of S.(c) If alive, give age 26 7. Birth date of deceased (mg/day, yr.) Days If less than one day 8. AGE: react due 10. Usual occupation ... 11. Industry or business 12. Name a. A. fa. 13. Birlhplace (Include pregnancy within 3 months of death) 14. Maiden nar 00 15. Birthplace Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide,..... Where did injury occur?(City or town) Injured at home, farm, Industry, public place (where?) Injured at work? Msens of Injury 18. Funeral director SN



MARYLAND STATE DEPARTMENT OF HEALTH correct age 2411 N. Charles St., Baltimore 3300 CERTIFICATE OF DEATH Reg. Dist. No. 3 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: State. own limits, write RURAL and give nearest town (If outside city or City or town. (If outside city of town limits, write RURAL and give nearest town) information care of death clearly How long in Mospital or Institution? 2.(a) if yeteran, name war. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION BINDING item caus FOR deceased (mo., day, yro If less than one day MARGIN RESERVED 10. Usual occupation 11. Industry or busines 12. Name... 13. Birthplace (Include pregnancy within 3 months of death) 14. Malden name Major findings of operations. E 15. Birthplace PLAINLY, V is especially WSICAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?) ... Injured at work? Means of Injury M. D. owothe

RINCEIVED
JUL 2 1946
NUREAU V. &

	Evidence for change of age MARYLAND STATE DE	CPARTMENT OF HEALTH 06388
orrect a		TE OF DEATH Reg. Dist. No. 337
carefully. The carefully and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
information of death clea	3. (a) FULL NAME George Henry Travers	3. (b) Social Security Number
NG of in ses of	4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
INDING item of	m while widower	20. DATE DE DEATH June 25 19.46 , at 9.2° M
BIN ry it the	6.(6) Name of husband or wife. 25 of Car Ab. In acres	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
ev ev ite	7. Birth date of deceased (mo., day, yr.) Nov. 27, 1869	and that I last saw h. MAD. alive on JULL 024 1944
	8. AGE: Years Months Days If less than one day 76 7-54 6 2 9	Immediate cause of death orwa of Bladder DURATION
H . Q	9. Birthpiece Mantucke Williams MA	• Due to.
00	1D. Usual occupation. Farmer	Due to
GIN	11. Industry or business	
er r.	12. Name Edward Travers 13. Birthplace nanturbe, nd.	Dither conditions Alfred Officer
tar	# 14. Maiden name margaret messiels	(Incinde pregnancy within 3 months of death)
WITH UNI	14. Maiden name margaret messiels 15. Birthplace nanticoke, md.	Major findings of operations
al y	16. Informant Edward Travers	Autopsy results
PLAINLY, is especially	Address Manticolse, md.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
LA	(Burisl, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
巨	Cemetery or crematory Turnels Cemetery	Where did injury occur?
WRIT	Location manticobe, md.	Injured at home, farm, industry, public place (where?)
-	18. Funeral director.	Means of Injury Injured at work?
A15 EAS	Address Swalve, md.	23 SIGNATURE De illian & resicle
VS	19. (Date rec'd by registrar)	Address It elson- mi Date signed Julil 26-4



Dr. July MARYLAND STATE DEPARTMENT OF HEALTH 063892411 N. Charles St., Baltimore /3 Reg. Diat. No. 333 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH (For newborn in anta give residence of mothe (If ontside city or town amits, write RURAL and give nearest town) City or town (If outside city or town limits write RUBAL and give nearest town) How long in above place of death?. Hospital, institution, or street address where death. (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH. 7. Birth date of deceased (mo., day, yr.) **OURATION** 8. AGE: Lumas 10. Usual occupation (Include pregnancy within 3 months of death) Major findings of operations..... especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: ectuent, suicide, or homicide...... Where did Injury occur? (City or town) Injured at home, farm, Industry, public place (where?) injured at work? Means of Injury Date signed 6 - 3 -

FOR BINDING

RESERVED

JUN 10 1946
BUREAU V 8

Dinach.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1340)

CERTIFICATE OF DEATH

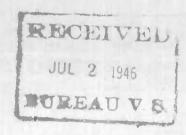
Reg. Dist. No. 333

06390

1. PLACE_OF DEATH: •	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Wiconauco	(For newborn infants give residence of mother)
	State County Workes County
(If outside city or town limits, write RURAL and give nearest town)	Bullan
	(If outside city or town limits, write RURAL and give nearest town)
ow long in above place of death?	(If outside city or town innes, write KOKAD and give nearest town)
	Street No.
Lemsilk Egual Nospila	(If rural, give LOCATION)
ow long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
1.0.4	
5. Sex 5. Color or race 6.(a) Single, married, widowed, or shorted	NEDICAL CERTIFICATION
4. Sex 5. Color or race 6.(a) Single, married, widowed, or deported	MEDICAL CERTIFICATION
Florable WS	20. DATE OF DEATH
. 0 +- 0 0	
8.(b) Name of husband or wife Management Management	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	6/17 19.46 10 6/25 1841
7. Birth date of	and that I last saw because on 6/25
deceased (mo., day, yr.) Nov. 20, 1906	Immediate cause of death
8. AGE: Years Months Days If less than one day	Immediate Cause of acata.
79 7 5 hrs.	mia lastre street to the
39 7 Jhrs.	
9. Birthplace Place Pa	Due to My My Shuran
(Town, county, and state)	
10. Usual occupation durante	
10, USUAI DUGUPENUM	Due to
1t. Industry or business	
12 Name Morris Physis	Other conditions
₹ 13. Birthplace Peru	
EL 115, Billiplate	(Include pregnancy within 3 months of death)
# 14. Maiden name Coa Davis	Major findings of operations.
15. Birthplace Maryland	major madings of operations.
=1 13. ori imprace	Date of op.
16. Informant Mrs. M. D. Warrange M. Tarley	Autopsy results.
13 1 1 mal	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Address	22, VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory Curature	Where did injury occur?
0 1 . 0 1	
Location (Service Transfer of Service Transfer	Injured at home, farm, Industry, public place (where?)
many Alasa & Bashan	Meens of Injury Injured at work?
18. Funeral director.	
Address Seeling 1	1/ No. Much
1/1/2 1/1/20 1/200.	23. SIGNATURE
19. 6/ No Ty 190/ 61 06 022 00 00 00 00 00	the san I fell les
(Date rec'd by registrar) Regis	strar Address Date signed

VS A15

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

FOR BINDING

MARGIN RESERVED

VS A15

2411 N. Charles St., Baltimore (97)



06301

CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Winder, Frankse. 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Femala Color or race 6.(b) Single, married, widowed, or divorced 6.(b) Name of husband or wife. Lin married	MEDICAL CERTIFICATION 20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 7.3 6 hrs. min. 9. Birthplace Mt Usus Semant C. Mob	and that I last saw + 2 allve on 6 2 19.46 Immediate cause of death DURATION Due to.
10. Usual occupation A ornestice 11. Industry or business 12. Name Wagniel Winder 13. Birthplace Forness Co Md,	Due to
16. Informant Bruther Address Rto. 2 Somers Co. Med 17. Buried Dato thereof 6-5-46	Major findings of operations Date of op. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of
(Burial, cremation, or removal, Which?) Cemetery or crematory Location Mt Classon Societ 8. Mel 18. Funeral director	Where did Injury occur?
19. (Date per de by perstrar) 19 de la Hamiltonia Maria Mari	23. SIGNATURE M. D. or other Address Galley Date signed 6/2/444

